Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781	Г	001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	G PERIOD	
	MM/DD/YYYY]	MM/DD/YYYY
	11/01/2010	7	11/30/2010

DMR Mailing ZIP CODE:

ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		****	2	2			Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	107	*****			Weekly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.87	****	7.87			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI B	NODI B		****	NODI B	NODI B				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	405	*****			Weekly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penaity or law that this occument and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

1	ID0022781	- 1	001-B
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1	PERMIT NUMBER	- 1	DISCHARGE NUMBER
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	MONIT	ORIN	G PERIOD
	MM/DD/YYYY	1	MM/DD/YYYY

DMR Mailing ZIP CODE:

ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI B	NODI B				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	98.13	*****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	100	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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L	PERMIT NUMBER		DISCHARGE NUMBER							
	MONIT	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY							
	12/01/2010	7	12/31/2010							

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	15	15	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		****	4	4			Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	13	****			Weekly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	****	*****	7.09	****	NODI 9			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25	25		****	25	25			Weekly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	68	****			Weekly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0352	.0352		****	****	****	*****		Daily	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

certify under penalty of law that this document and all attachments were prepared under my direction or

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

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ID0022781		001-B
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
12/01/2010	7	12/31/2010

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.58	.58		*****	.58	.24			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI 9	NODI 9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	.69	*****	*****			Weekly	GRAB
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	.63	****	*****			Weekly	GRAB
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

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MONIT	ORING PERIOD
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MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

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MINOR \$

(SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. FREQUENCY					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	45.29	45.29	*****			Daily	
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	4	4			Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	119	*****			Weekly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	****	*****	6.98	****	6.98			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	8		*****	8	8			Weekly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	1710	****			Weekly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.11664			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Weekdays	MEASRD

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MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
01/01/2011	7	01/31/2011						

DMR Mailing ZIP CODE:

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(SUBR 01)

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****		****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	02/01/2011	7	02/28/2011					

DMR Mailing ZIP CODE:

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MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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	MONIT	ORIN	IG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	02/01/2011	7	02/28/2011				

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External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

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RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
03/01/2011	03/31/2011					

DMR Mailing ZIP CODE:

IG ZIP CODE.

MINOR

(SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. FREQUENCY		SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781		001-B						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY]	MM/DD/YYYY						
03/01/2011		03/31/2011						

DMR Mailing ZIP CODE:

ZIP CODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	evaluate the findination submitted. Descend in high rightly of the person to persons with intelligetine system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781	001-B					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	IG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	04/01/2011	7	04/30/2011				

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13	9		*****	12	10			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	137	****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.9			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11	8		*****	5	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	177	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2413	.4211		*****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Г	ID0022781	Г	001-B						
	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	04/01/2011	7	04/30/2011						

DMR Mailing ZIP CODE:

JE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	2	5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	75	*****	*****		1	Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	91	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MONIT	ORING PERIOD								
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

83851

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Stream flow, mean.daily	SAMPLE MEASUREMENT	****	*****	*****	NODI C	NODI C	*****					
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	13		****	3	5			5 Times Every Month	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	225	*****			5 Times Every Month	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8			5 Times Every Month	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	8	32		****	8	13			5 Times Every Month	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	261	*****			5 Times Every Month	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5828	.2951		****	****	****	*****		Monthly	MEASRD	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Weekdays	MEASRD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Г	ID0022781		001-B						
	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	11/01/2011	1	11/30/2011						

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	3	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781	ſ	001-B					
L	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	OR	RING PERIOD					
	MONIT MM/DD/YYYY	OR	RING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

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MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3		*****	3	4			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	195	****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6	8		*****	9	10			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	381	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7336	.4101		*****	****	****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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Form Approved
OMB No. 2040-0004

83851

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NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Г	ID0022781		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2011	7	12/31/2011

DMR Mailing ZIP CODE:

illing Zii OODL.

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI 9	NODI 9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	OIGHO I EIGOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

UDD 04)

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	4	7			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	154	****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11	38		*****	11	19			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	260	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.3493	.8773		*****	****	****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

E.COLI = FIVE SAMPLES TAKEN EVERY 3-5 DAYS WITHIN A CALENDAR MONTH.NO DISCHARGE IS ALLOWED WHEN THE FLOW IN PLUMMER CREEK IS LESS THAN 0.44CFSDISCHARGE ALLOWED DURING THE MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, APRIL

certify under penalty of law that this document and all attachments were prepared under my direction or

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significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE:

ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	3	63			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: P.O. BOX B

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LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
02/01/2012	02/29/2012				

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	NODI C	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	86		*****	26	83		3	5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	181	****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	57	54		*****	24	52		3	5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	181	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.7786	.7414		*****	****	****	*****		Once Every 4 Weeks	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowling violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

=10 s m m

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-B					
PERMIT NUMBER DISCHARGE NUMBER						
MONIT	ORIN	G PERIOD				
MM/DD/YYYY]	MM/DD/YYYY				
02/01/2012	1	02/29/2012				

DMR Mailing ZIP CODE:

ilg ZIP CODE.

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	5	2420		1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	25	*****	*****		1	5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	75	*****	*****		1	5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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ID0022781	001-B								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2012	03/31/2012								

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE	
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	NODI 9	*****					
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	8		****	3	4			Four Per Month	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	50	****			5 Times Every Month	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8			Four Per Month		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	12	9		****	5	6			Four Per Month	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	102	****			Four Per Month	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.4943	.8492		****	****	****	*****		Monthly	MEASRD	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Weekdays	MEASRD	

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LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Г	ID0022781	001-B					
	PERMIT NUMBER DISCHARGE NUMBER						
	MONIT	OR	RING PERIOD				
Ī	MM/DD/YYYY	7	MM/DD/YYYY				
- 1	03/01/2012	7	03/31/2012				

DMR Mailing ZIP CODE:

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MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	3	24			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	85	****	****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0022781	001-B							
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

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MINOR (SUBR 01)

External Outfall

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		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, mean.daily	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	NODI 9	*****				
00060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. WKLY MIN	Req. Mon. MO AVG	*****	cfs		Weekly	MEASRD
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6		*****	3	5			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	77	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13	18		*****	7	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	33 MO AVG	49 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.2624			*****	****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Weekdays	MEASRD

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781		001-B							
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY		MM/DD/YYYY							
04/01/2012	7	04/30/2012							

DMR Mailing ZIP CODE:

83851

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	OR LOADING		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.1 MO AVG	.1 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	****	2	10			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	84	****	****		1	Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A								
PERMIT NUMBER DISCHARGE NUMBER									
MONITORING PERIOD									
MONIT	ORING PERIOD								
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QU <i>A</i>	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI L	NODI L				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI L	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	****	****	*****	7.5	****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	3		*****	4	5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	429	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and vealuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A								
PERMIT NUMBER DISCHARGE NUMBER									
MONITORING PERIOD									
MONIT	ORING PERIOD								
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

83851

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

		QUA	}	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		*****	.38	1.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI L	NODI L		*****	NODI L	NODI L				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4121	.0916		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A								
PERMIT NUMBER DISCHARGE NUMBER									
MONITORING PERIOD									
MONII	ORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

MINOR \$

83851

(SUBR 01)

PLUMMER CREEK

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUA	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI 9	NODI E				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	1.68	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		****	3	3			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	194	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	4		*****	7	9			Weekdays	CMPGRB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	570	*****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE			nt and all attachments were prepar					<u> </u>	TEL	EPHONE	DATE

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

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NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A									
PERMIT NUMBER DISCHARGE NUMBER										
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
08/01/2012	08/31/2012									

DMR Mailing ZIP CODE:

MINOR \$

83851

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.04	.08		*****	.07	.09			Once Every 5 Days	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.4537	1.16		****	1	3		2	Once Every 5 Days	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7767	.083		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	228			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR \$

NOR

(SUBR 01) PLUMMER CREEK

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.05	19.02			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	*****	1.96	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	2		*****	3	3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	160	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	3		****	6	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	297	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system design	nt and all attachments were prepar gned to assure that qualified perso my inquiry of the person or person	nnel properly gather and					TEL	EPHONE	DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
	•	=				
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		*****	1	2			Once Every 5 Days	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3				COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.411	.06		*****	1	1		1	Once Every 5 Days	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI E				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8844	.0637		*****	****	****	*****		Continuous	RCORDF
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	3	140			5 Times Every Month	GRAB
51040 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Г	ID0022781		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2012	1	09/30/2012

DMR Mailing ZIP CODE:

ODE:

MINOR

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8			4 Times Every Quarter	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.02	17.08			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	*****	1.82	****			14 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	3		****	3	7			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	174	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	****	7.7			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	3		****	4	5			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	256	****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING		•	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	1		*****	1	1			Once Every 5 Days	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.511	.02		*****	1	1			Once Every 5 Days	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4383	.1954		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	221			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penal	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

,L.

MINOR

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.6	15			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	7		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	105	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	8			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4	6		*****	5	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	226	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

ig ZIF CODE.

MINOR \$

(SUBR 01)

PLUMMER CREEK
External Outfall

No Dioch

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.12	.21		*****	.1	.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.049	.11		*****	31	34			Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1408	.4205		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	11	118			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MINIMUM	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Handwing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

Zii GODL.

(SUBR 01)

MINOR

PLUMMER CREEK External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS EX TYPE **PARAMETER** VALUE VALUE VALUE VALUE VALUE UNITS UNITS ***** ***** ***** SAMPLE ***** 8.9 12 **RCORDR** Temperature, water deg. centigrade Continuous MEASUREMENT ***** ***** PERMIT ***** ***** 00010 1 0 **RCORDR** Reg. Mon. Reg. Mon. deg C Continuous REQUIREMENT Effluent Gross MO AVG DAILY MX ***** ***** ***** ***** Oxygen, dissolved [DO] SAMPLE 3.5 GRAB Monthly **MEASUREMENT** PERMIT ***** ***** ***** ***** ***** Monthly **GRAB** 00300 1 0 Req. Mon. mg/L REQUIREMENT Effluent Gross DAILY MN ***** BOD, 5-day, 20 deq. C SAMPLE 2.75 3 Four Per Month COMP24 5 6 MEASUREMENT 00310 1 0 **PERMIT** 27 40 lb/d 10 15 mg/L Twice Per COMP24 REQUIREMENT Effluent Gross MO AVG WKLY AVG MO AVG WKLY AVG Month SAMPLE ***** ***** ***** BOD, 5-day, 20 deg. C 95 Four Per Month COMP24 MEASUREMENT 00310 G 0 PERMIT ***** ***** ***** ***** ***** COMP24 Req. Mon. mg/L Twice Per REQUIREMENT MO AVG Raw Sewage Influent Month ***** ***** ***** ***** SAMPLE 7 7.3 Three Per GRAB **MEASUREMENT** Week ***** ***** ***** ***** 00400 1 0 **PERMIT** 8.5 SU Weekly **GRAB** 6.5 REQUIREMENT Effluent Gross **INST MIN INST MAX** SAMPLE ***** 12 17 COMP24 Solids, total suspended Four Per Month MEASUREMENT 00530 1 0 PERMIT 45 67 lb/d ***** 17 25 COMP24 mg/L Twice Per REQUIREMENT Month Effluent Gross MO AVG WKLY AVG MO AVG WKLY AVG SAMPLE ***** ***** ***** ***** 225 ***** Four Per Month COMP24 Solids, total suspended **MEASUREMENT** PERMIT ***** ***** ***** ***** ***** COMP24 00530 G 0 Req. Mon. mg/L Twice Per REQUIREMENT MO AVG Raw Sewage Influent Month

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITO	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

83851

MINOR \$

(SUBR 01)

PLUMMER CREEK
External Outfall

.. ..

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.77	8.62		*****	1.68	5.87			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	12.4			Twice Every Week	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	2.18			Twice Every Week	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.062	.11		*****	38	78			Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.1			Weekly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.7522	.3821		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	8	114			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781		001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONIT	OF	RING PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	12/01/2012	7	12/31/2012					

DMR Mailing ZIP CODE:

83851

MINOR

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	246			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	*****	****			Weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	95	*****	****			Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

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ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

J

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.9	8.1			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.69	*****			Three Per Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	28		****	7	12			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	7	****	7.6			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25	71		****	12	15		1	5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	342	****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

certify under penalty of law that this document and all attachments were prepared under my direction or

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE:

MINOR \$

83851

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	16.86	28.9		*****	8.2	12.8		4	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.545	.45		*****	265	341		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.4063	.6253		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	28	1990		1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	68	*****	*****		1	5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	83	*****	*****		1	5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR \$

83851

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.8	7.8			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.77	*****			Three Per Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	5		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.91	*****	7.44			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12	14		*****	6	8			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	222	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2013	1	02/28/2013

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.51	.754		*****	.265	.646			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.376	.68		****	195	378		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.2423	.4195		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	1.76	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	COUNC DEDICE				
MONT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QU <i>A</i>	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.6	9			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.3	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.35	5.21		*****	2	2		F	our Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****		F	our Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	****	*****	****	6.7	****	7.6			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.6	11.65		*****	2.75	8		F	our Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	215	*****		F	our Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	COUNC DEDICE				
MONT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

83851

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QU <i>A</i>	ANTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.1173	.1302		*****	.07	.089			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.21			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.5			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.38	.48		*****	227	187		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.15			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.638	.6124		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781		001-A
PERMIT NUMBE	R	DISCHARGE NUMBER
	MONITORIN	IG PERIOD
MM/DD/YYY	Υ	MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	****	*****	*****	****	245			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
IVIIVI/DD/YYYY	IVIIVI/DD/TTTT								

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	8.7	10.7			Continuous	RCORDR	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	****	.67	****			13 Per Month	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	3		*****	2	2			Four Per Month	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	83.25	*****			Four Per Month	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24	
pH	SAMPLE MEASUREMENT	*****	****	*****	6.9	****	7.44			Three Per Week		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	4	7		****	3	5			Four Per Month	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	189	*****			Four Per Month	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24	
NAME/TITLE PRINCIPAL EXECUTIVE			t and all attachments were prepar ned to assure that qualified person		<u> </u>		L		TEL	EPHONE	DATE	

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2013	04/30/2013								

DMR Mailing ZIP CODE:

.....g _... - - - - ...

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	•		QUALITY OR CON	CENTRATION		NO.	-	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.735	3.941		*****	1.56	4			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	2.22	1.839		****	2	3		2	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.267	.4415		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
İ		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
Γ	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONT	ORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	i		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	13.4	15.2			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.42	*****			11 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.42	1.71		*****	2	2			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	133	****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	****	*****	6.97	****	7.04			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9	11		*****	7	17			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	566	*****			5 Times Every Month	COMP24
00530 G 0	PERMIT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per	COMP24

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A							
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.2	7.6		*****	3.1	7.6		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.201	.14		*****	20	30		1	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7185	.1251		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	108			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.89	17.5			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.17	1.6		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	127	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.2	6.2		*****	6	11			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	493.5	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	****	mg/L		Twice Per Month	COMP24

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and vealuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1	.7		*****	1	1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.5			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	119	2.21		****	169	277		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.21			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9398	.4484		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Г	ID0022781		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2013	1	06/30/2013

DMR Mailing ZIP CODE:

DE:

MINOR \$

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	****	*****	*****	****	277			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ODING BEDIOD				
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MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

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83851

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	****	20.2	24			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	****	2.3	****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.07	1.19		****	2	2			5 Times Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	139	*****			5 Times Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.9			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.6	2.6		****	3	6			5 Times Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	246	****			5 Times Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OF HOER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ODING BEDIOD				
MONT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.19	.04		*****	.07	1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1.07	1.9		****	2	3570		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0236	.0905		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	4.1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

g ZIF CODE.

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PLUMMER CREEK

External Outfall

No Discharge

MPLE REMENT ERMIT IREMENT MPLE REMENT	****** ******	*******	******	VALUE *****	VALUE 20.3	VALUE 21.5	UNITS	EX	OF ANALYSIS Continuous	TYPE RCORDR
REMENT ERMIT IREMENT MPLE	*****				20.3	21.5			Continuous	RCORDR
IREMENT MPLE		*****	*****	†						
	****			*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
		*****	*****	*****	1.88	****			Twelve Per Month	GRAB
RMIT IREMENT	*****	*****	*****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
	1	2		****	2	2			Four Per Month	COMP24
	27 MO AVG	40 WKLY AVG	lb/d	****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
	*****	*****	*****	*****	885	*****			Four Per Month	COMP24
	*****	*****	*****	****	Req. Mon. MO AVG	****	mg/L		Twice Per Month	COMP24
	*****	*****	*****	7.54	*****	7.94			Three Per Week	GRAB
	*****	*****	*****	6.5 INST MIN	****	8.5 INST MAX	SU		Weekly	GRAB
	1.8	3.12		*****	3	7			Four Per Month	COMP24
	45 MO AVG	67 WKLY AVG	lb/d	****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
	*****	*****	*****	*****	4103	****			Four Per Month	COMP24
	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
	MPLE REMENT ERMIT INEMENT WPLE REMENT WPLE REMENT WPLE REMENT WPLE IREMENT WPLE IREMENT WPLE IREMENT WPLE IREMENT MPLE REMENT TO AVG MPLE REMENT MO AVG MPLE REMENT REMENT REMENT MPLE REMENT MO AVG MPLE REMENT	##PLE	##PLE 1 2 2 2 2 2 2 2 2 2	##PLE 1 2	MPLE 1 2	MPLE 1 2	MPLE 1 2	MPLE 1 2	Part Part	

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RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
111111111111111111111111111111111111111	

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.05	.07		*****	.08	.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	1310	3		*****	2180	3760		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.0032	.0959		*****	*****	*****	*****		Daily	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	7.3			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99.9	****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.9	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01) PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION NO.				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	20.2			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	*****	2.35	****			13 Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.0212	1.1475		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	205	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.84	****	7.87			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.6588	2.6321		*****	3.25	6			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	816	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER. CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER. CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE VALUE** VALUE UNITS UNITS VALUE SAMPLE .0371 ***** COMP24 Nitrogen, ammonia total [as N] .5106 1 Weekly MEASUREMENT PERMIT ***** 2.5 7.8 00610 1 0 6.67 20.8 lb/d COMP24 mq/L Weekly REQUIREMENT **Effluent Gross** MO AVG DAILY MX MO AVG DAILY MX ***** ***** ***** ***** Nitrogen, Kjeldahl, total [as N] SAMPLE 1.02 COMP24 Quarterly MEASUREMENT PERMIT ***** +++++ ***** ***** ***** COMP24 00625 1 0 Req. Mon. mg/L Quarterly REQUIREMENT Effluent Gross DAILY MX ***** ***** ***** ***** ***** Nitrite + Nitrate total [as N] SAMPLE 7.93 COMP24 Quarterly MEASUREMENT ***** ***** 00630 1 0 PERMIT Rea. Mon. mg/L Quarterly COMP24 REQUIREMENT Effluent Gross DAILY MX SAMPLE ***** Phosphorus, total [as P] 522 925 COMP24 267 .4 4 Weekly MEASUREMENT PERMIT ***** 00665 1 0 50 131 COMP24 .133 .35 lb/d ug/L Weekly REQUIREMENT WKLY AVG Effluent Gross MO AVG WKLY AVG MO AVG ***** ***** ***** ***** Oil and grease SAMPLE ***** 1.1 Quarterly **GRAB MEASUREMENT** ***** ***** ***** ***** ***** PERMIT **GRAB** 03582 1 0 Reg. Mon. ma/L Quarterly REQUIREMENT Effluent Gross DAILY MX ***** SAMPLE ***** ***** ***** **RCORDR** Flow, in conduit or thru treatment plant 2.1109 .1362 Continuous MEASUREMENT PERMIT MGD ***** ***** ***** ***** **RCORDR** 50050 1 0 Rea. Mon. Rea. Mon. Continuous REQUIREMENT Effluent Gross MO AVG DAILY MX SAMPLE ***** ***** 5.1321 GRAB E. coli 167 5 Times Every MEASUREMENT Month PERMIT ***** ***** ***** ***** 51040 1 0 126 235 #/100mL 5 Times Every **GRAB** REQUIREMENT Effluent Gross MO GEO INST MAX Month

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	09/01/2013	1	09/30/2013

DMR Mailing ZIP CODE:

83851

MINOR

(SUBR 01) PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****	*****	381			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	98.5	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER. CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER. CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONT	ORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

(SUBR 01)

MINOR

PLUMMER CREEK External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** VALUE **VALUE** UNITS UNITS VALUE ***** ***** SAMPLE ***** ***** 14.23 15.8 **RCORDR** Temperature, water deg. centigrade Continuous MEASUREMENT ***** PERMIT ***** ***** ***** 00010 1 0 **RCORDR** Reg. Mon. Reg. Mon. deg C Continuous REQUIREMENT **Effluent Gross** MO AVG DAILY MX ***** ***** ***** ***** Oxygen, dissolved [DO] SAMPLE .7 GRAB Nine Per Month **MEASUREMENT** PERMIT ***** +++++ ***** ***** ***** **GRAB** 00300 1 0 Req. Mon. mg/L Monthly REQUIREMENT Effluent Gross DAILY MN BOD, 5-day, 20 deq. C SAMPLE .4653 1.1409 ***** COMP24 2 2 5 Times Every MEASUREMENT Month 00310 1 0 **PERMIT** 27 40 lb/d 10 15 mg/L Twice Per COMP24 REQUIREMENT Effluent Gross MO AVG WKLY AVG MO AVG WKLY AVG Month SAMPLE ***** ***** BOD, 5-day, 20 deg. C 138.2 COMP24 5 Times Every MEASUREMENT Month PERMIT ***** ***** ***** ***** ***** 00310 G 0 COMP24 Req. Mon. mg/L Twice Per REQUIREMENT MO AVG Raw Sewage Influent Month ***** ***** ***** ***** SAMPLE 6.98 7.8 Three Per **MEASUREMENT** Week ***** ***** ***** ***** PERMIT SU Weekly **GRAB** 00400 1 0 6.5 8.5 REQUIREMENT Effluent Gross **INST MIN** INST MAX SAMPLE ***** 1.346 5 Times Every COMP24 Solids, total suspended .9701 2 MEASUREMENT Month 00530 1 0 PERMIT 67 lb/d ***** 17 25 COMP24 45 mg/L Twice Per REQUIREMENT MO AVG WKLY AVG MO AVG WKLY AVG Effluent Gross Month SAMPLE ***** ***** ***** ***** ***** COMP24 Solids, total suspended 2 5 Times Every **MEASUREMENT** Month PERMIT ***** ***** ***** ***** ***** COMP24 00530 G 0 Req. Mon. mg/L Twice Per REQUIREMENT Raw Sewage Influent MO AVG Month

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
10/01/2013	10/31/2013				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.036	.0964		*****	.0744	4.32			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	92.06	.316		****	189.8	583		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9513	.1087		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97.5	****	*****			5 Times Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98.2	****	****			5 Times Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowlno violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

ODE:

MINOR

(SUBR 01)

PLUMMER CREEK External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.41	13.4			Continuous	RCORDR	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	****	.51	*****			Twelve Per Month	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	2		****							
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.3	*****			Four Per Month	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24	
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	7.89			Three Per Week	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	3.533	4.674		*****	4.75	9					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	490	*****			Four Per Month	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24	

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Throwing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.138	2.889		*****	1.53	5.7			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.194	.247		****	261	330		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9723	.3112		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.6	44.8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.4	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

83851

MINOR \$

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	7.79	9.81			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.4	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.6946	1.8514		*****	2	2			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	113	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	****	7.61			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.7538	2.552		*****	3.25	5			Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	*****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	967.5	****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83851

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PLUMMER, CITY OF

ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

MINOR \$

.

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.76	5.1296		*****	4.4375	7.51		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.61			Quarterly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	****	****	*****	.78			Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	82.8278	.1236		****	97.75	199		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	****	****	*****	1.1			Quarterly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.0715	.099		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	30.37	125			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB

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ADDRESS: P.O. BOX B

PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

Γ	ID0022781		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2013	1	12/31/2013

DMR Mailing ZIP CODE:

83851

MINOR

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	****	****	350			Quarterly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.2	*****	****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.4	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	8.39	8.9			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	****	.32	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.59	3.6		****	2.825	3			Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	532.5	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.66			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13.3	32.4		*****	14.5	27		1	Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	1547.25	****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE (supervision in	accordance with a system desig	at and all attachments were prepar ined to assure that qualified persor my inquiry of the person or persor	nnel properly gather and					TEL	EPHONE	DATE

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MONITORING PERIOD							
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MM/DD/YYYY	MM/DD/YYYY						

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(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.03	3.67		*****	4.4	7		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	47	.46		*****	51.75	84		3	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7166	.3074		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.23	221			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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PLUMMER, ID 83851

FACILITY: PLUMMER, CITY OF - PLUMMER WWTP

LOCATION: TOETLEY ROAD (COEUR D'ALENE

RESERVATION)

ATTN: TIM CLARK, MAYOR

ID0022781	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONT	ORING PERIOD						
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DMR Mailing ZIP CODE:

)E:

MINOR

(SUBR 01)

PLUMMER CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.4	7.6			Continuous	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Continuous	RCORDR
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.87	*****			Twelve Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. DAILY MN	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.51	52.04		*****	8	24		2	Four Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	27 MO AVG	40 WKLY AVG	lb/d	*****	10 MO AVG	15 WKLY AVG	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	169.5	*****			Four Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	****	7.9			Three Per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	8.5 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.06	75.89		*****	14.25	35		2	Four Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	45 MO AVG	67 WKLY AVG	lb/d	****	17 MO AVG	25 WKLY AVG	mg/L		Twice Per Month	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	*****			Four Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Per Month	COMP24

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PLUMMER CREEK

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13.95	34.06		*****	8.26	8.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	6.67 MO AVG	20.8 DAILY MX	lb/d	*****	2.5 MO AVG	7.8 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.7	1.3		****	414.75	1190		4	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.133 MO AVG	.35 WKLY AVG	lb/d	*****	50 MO AVG	131 WKLY AVG	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.4433	.1944		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.39	30.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	235 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Four Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Four Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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